

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/06/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>445214</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/18/2019</b>	
NAME OF PROVIDER OR SUPPLIER  <b>MOUNTAIN CITY CARE &amp; REHABILITATION CENTER</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>919 MEDICAL PARK DRIVE</b> <b>MOUNTAIN CITY, TN 37683</b>			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	INITIAL COMMENTS			F 000			
F 600 SS=D	<p>Investigation of complaints #47974 and #48898 was conducted on 9/17/19 - 9/18/19 at Mountain City Care and Rehabilitation Center. Deficiencies were cited in relation to the complaints under 42 CFR Part 483, Requirements for Long Term Care Facilities.</p> <p>Free from Abuse and Neglect CFR(s): 483.12(a)(1)</p> <p>§483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms.</p> <p>§483.12(a) The facility must-</p> <p>§483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion; This REQUIREMENT is not met as evidenced by: Based on medical record review, review of a facility investigation, and interview, the facility failed to prevent abuse for 1 resident (#1) of 5 residents reviewed for abuse.</p> <p>The findings include:</p> <p>Medical record review revealed Resident #1 was admitted to the facility on 1/21/19 with diagnoses including Dementia, Alzheimer's Disease, and Anxiety Disorder.</p>			F 600			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 600	<p>Continued From page 1</p> <p>Review of a Quarterly Minimum Data Set (MDS) dated 5/9/19 revealed Resident #1 scored a 3 (severe cognitive impairment) on the Brief Interview for Mental Status. Continued review revealed the resident had no physical behaviors towards others and verbal behaviors of 1 to 3 times during the assessment period.</p> <p>Review of a facility investigation dated 5/29/19 at 8:22 PM revealed Licensed Practical Nurse (LPN) #1 and LPN #2 witnessed a visitor to the facility holding Resident #1's cane perpendicular across Resident #1's chest and pushing Resident #1 across the hall. Continued review revealed the visitor was escorted to the front office by the Social Worker (SW) and the police were called. Further review revealed the visitor was charged with simple assault. Continued review revealed the resident had no injuries.</p> <p>Telephone interview with LPN #1 on 9/17/19 at 12:00 PM revealed she witnessed the visitor holding Resident #1's cane perpendicular across Resident #1's chest and pushing him across the hall. Continued interview revealed the visitor had not been allowed back into the facility.</p> <p>Telephone interview with LPN #2 on 9/17/19 at 12:05 PM revealed she saw the visitor holding Resident #1's cane perpendicular across Resident #1's chest and pushing him across the hall.</p> <p>Interview with the SW on 9/17/19 at 12:10 PM revealed "...I saw the visitor with the resident [Resident #1] at the wall...saw the visitor had his [Resident #1's] cane across his [Resident #1's] body holding him against the wall...took the visitor</p>	F 600			

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F 600	Continued From page 2 up front...police showed up...the visitor is not allowed back in the building..."  Interview with the Director of Nursing (DON) on 9/18/19 at 9:00 AM, in the conference room, revealed "...I heard a loud noise...went out into the hall and when I looked down the hall the visitor had [Resident #1] up against the wall with his [Resident #1's] cane held to him [Resident #1] at chest level...I called the police...the visitor has not been allowed in the building..."	F 600			